

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Date Stamp

California 801
Form

For Official Use Only

California Air Resources Board

Division, Department, or Region (if applicable)

Executive Office - Legal Office

Street Address

1001 I Street, Sacramento, CA 95814

Area Code/Phone Number

916-445-6426

Email

victoria.davis@arb.ca.gov

Agency Contact (name and title)

Victoria Davis, Senior Attorney

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

World Bank Group

Name

1818 H Street, NW

Washington

D.C.

20433

Address

City

State

Zip Code

A cooperative made up of 188 member countries.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Lima, Peru

April 24-29, 2016

Location of Travel

Dates (month, day, year)

Delta Airlines

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Transportation Provider

Check Applicable Boxes

Delfines Hotel

Name of Lodging Facility

\$ 802.00

\$ 318.00

\$ 914.00

\$ 234.00

\$ 2,268.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

\$ _____
Dates (month, day, year) _____ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Participation in World Bank Partnership for Market Readiness Events: Technical Workshop, High-Level Public Event, and 14th Meeting of the Partnership Assembly.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Gibbs

Michael

Asst. Executive Officer

ARB/Executive Office

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

_____	_____	_____	_____
Signature	Print Name	Title	(month, day, year)

Comment: taxi, mileage, parking

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

Clear Page